The Institute Of Diabetes & Endocrinology

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☐ Dr. Tharsan Sivakumar ☐ Dr. Rahim Khorassanizadeh ☐ Dr. Vibushitha Narendra
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☐ **Endocrinology** ☐ **Cardiology** ☐ **Internal Medicine**

Patient Information

Name: _____ _____ **D.O.B** (d/m/y) ___ /___ /___
Last First

Health Card #: _____ **Version Code**: ____ **Contact #**: _____

Address: _____

Endocrinology	Cardiology	Internal Medicine
☐ Diabetes (☐ Type 1 / ☐ Type 2)	☐ Consultation	☐ Complex Elderly
☐ Diabetes education	☐ Chest pain	☐ Refractory HTN
☐ Thyroid dysfunction	☐ CHF	☐ Pre-Op Assessment
☐ Thyroid nodules/cancer	☐ Arrhythmia	☐ Polypharmacy
☐ Osteoporosis	☐ Other_____	☐ Recent Hospital discharge
☐ Dyslipidemia/Cholesterol Ed.	_____	☐ Renal Insufficiency/CKD
☐ Amenorrhea/PCOS	_____	☐ Bleeding/clotting disorders
☐ Male hypogonadism	***TO AVOID BOOKING DELAYS***	☐ COPD/asthma/bronchitis
☐ Other_____	**PLEASE INCLUDE PATIENT MEDICATION LIST AND RELEVANT RESULTS WHEN FAXING REFERRALS**	☐ Other_____
_____		_____
_____		_____
☐ **Urgent** (1-2 weeks)	☐ **Semi Urgent** (2-4 weeks)	☐ **Less Urgent** (4-6 weeks)

Preferred Location: ☐ **Ajax** ☐ Toronto (**Scarborough**) Referring MD Billing # _____

Referring Physician Name: _____ Phone:_____ Fax:_____